

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/347,175	07/01/99	435	1651	HU98-02PA

APPLICANT: JAMES M. HOGLE, NEWTON, MA; HARMON J. ZUCCOLA, BROOKLINE, MA; DAVID FILMAN, AUBURNDALE, MA; CARL EKIN, CAMBRIDGE, MA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED PROVISIONAL APPLICATION NO. 60/091,609 07/02/98

RE

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

RE

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

RE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/29/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>RE</u> Examiner's Initials	MA	21	57	13

ADDRESS: CAROLYN S ELMORE  
HAMILTON BROOK SMITH & REYNOLDS PC  
TWO MILITIA DRIVE  
LEXINGTON MA 02421-4799

TITLE: OLIGOMERIZATION OF HEPATITIS DELTA ANTIGEN

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,168		